

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010222  
STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 231

Primary Registration District No. 4346

Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Montgomery City</b>		c. CITY OR TOWN <b>Montgomery City</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>313 Second St.</b>		d. STREET ADDRESS <b>313 Second St.</b>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Frances Drucilla Garriott</b>			4. DATE OF DEATH Month Day Year <b>Mar. 30. 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 1, 1885</b>		9. AGE (In years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>	11. BIRTHPLACE (City and state or country) <b>Montgomery County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Joseph Ingram</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Virginia Davis</b>		14. NAME OF HUSBAND OR WIFE <b>O.P. Garriott</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>Virginia Osborn Washington 7, D. C.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from Death occurred at <b>unknown Evening</b> to <b>P.M.</b> and last saw her alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>F.T. Ball</b> (Degree or title) <b>Coroner</b>	22b. ADDRESS <b>Tonesburg Mo</b>
22c. DATE SIGNED <b>4-3-59</b>	

23a. BURIAL, CREMATION, or other disposal (Specify) <b>Burial</b>	23b. DATE <b>April 6, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Steedman Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Steedman, Missouri</b>
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24. FUNERAL DIRECTOR <b>Maugin Funeral Home, Fulton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4-7-59</b>	26. REGISTRAR'S SIGNATURE <b>Laura B Callaway</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases, injuries, etc. must be clearly stated and must be causally related.

APR 30 1959

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Marshall C. Black*

Licensed Embalmer No. *4713*

P. O. Address *Fulton, m*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.